

Section 3

Fiscal

Budget Requirements

Budget Revision

- Budget Revision Worksheet

Financial Commitment

- Matching Requirement
- Continuation Funding
- Capital Assets/Equipment

Financial Reports and Reimbursement

- Categorization of Expenditures Form
- Reimbursement Request Form
- Guidelines for Travel Reimbursement
- Completing OPH/ASHP Contract Budgets

Annual Audit

BUDGET REQUIREMENTS

Each school-based health center (SBHC) contract includes a comprehensive budget showing all anticipated uses of the appropriation, the duration of the contract, the specific goals and objectives for the use of the funds, including deliverables and measures of performance. Expenditure categories may include but are not limited to the following: personnel (salaries and wages); related benefits; professional services; capital assets (equipment); supplies (medical, office, and educational); operating services such as postage, telephone, and printing; and travel.

The following is a list of things that **cannot** be paid for out of the contract.

As stated in the Call for Proposals (CFP), “Capital costs of site renovation or repair, utilization, and maintenance of facilities and utilities; (These costs are expected to be contributed by the school system or otherwise provided by the sponsoring agency.)”

- Renovations to the physical facility (carpet, tile, construction)
- Rent
- Utilities (heat, electricity, water)
- Maintenance/repair of the facilities

Equipment not essential to the operation of a SBHC (If the equipment is \$1,000.00 or more, prior OPH approval is required by the contract)

- LCD projectors
- Tape recorders

Travel

- All out-of-state travel, with the exception of the National Assembly on School-Based Health Care
- In-state travel where the meeting and/or conference does not directly deal with issues of school-based and/or adolescent health. If in doubt, contact your contract monitor prior to traveling to be sure your costs will be covered.
- Louisiana Assembly meetings, however, workshops will be covered.
- Course work
- Travel of SBHC staff that do not work at the invoicing SBHC

Subscriptions and Dues

- Subscriptions not directly related to health and/or adolescent issues, Examples: *People*, *Entertainment Weekly*
- Board, state and/or licensing fees for any staff person
- Personal/Professional membership fees for any staff person
- CEUs, CMEs or continuing education for other professionals

Required audits (as stated in the contract)

Other

- Bottled water and water dispensers

- Cell phones and pagers unless it's for after hour coverage by clinical providers
- Life insurance
- Overtime and employee bonuses
- Pictures and/or the framing of pictures
- T-shirts, mugs, promotional videos and other promotional items
- Gifts for employees

Should a recipient fail to reasonably achieve its specific goals and objectives for the use of the funds, the Adolescent School Health Program (ASHP) office shall have the authority to terminate the contract or decline to renew the contract after the expiration period.

BUDGET REVISIONS

When appropriate, monies may be transferred among budget categories with the prior approval of the ASHP office. A written request to transfer funds must be submitted and approved by the ASHP office before funds can be spent. Additionally, a written justification of the requested transfer must be submitted. Failure to submit an appropriate justification will result in denial of the transfer request. Please note, approval will not be given to transfer funds from personnel or professional services to another category for monies unspent in these categories due to staff vacancy.

To request a budget revision, the grantee must submit the following:

- Budget Revision Worksheet (found on the ASHP website in both Word and Excel - <http://www.dhh.louisiana.gov/offices/?ID=255>)

Funds should not be spent until the budget revision request has been approved. Spending funds prior to approval of the request will result in ineligible costs. Ineligible costs are not reimbursable. Therefore, the sponsoring agency will be responsible for payment of any ineligible costs.

Budget Revision Worksheet (found on the ASHP website)

This form should reflect the change(s) in allocation of the total contract funds. If the revision is approved, this form will serve as the revised budget for the remaining contract period. The fifth column of the form should be used when completing the Reimbursement Request Form following notification of approval.

FINANCIAL COMMITMENT

Matching Requirements

Each recipient of a grant for operations must provide a local match equal to twenty percent (20%) of the amount received from OPH. The grant recipient will be required to certify annually that the requisite match has been received and spent on program expenses using the In-kind Reporting Documentation Form (found on the ASHP website). All program expenditures are subject to annual audit.

The match may take the form of cash, services, or in-kind donations.

Exclusions to the 20% Match

The match may take the form of cash, services, or in-kind donations. Expenditures **excluded** from satisfaction of the match requirement include:

- Capital costs of site renovation or repair, utilization, and maintenance of facilities, and utilities; (These costs are expected to be contributed by the school system or otherwise provided by the sponsoring agency.)
- Services provided by employees of the school or school system, which are incidental to the operation of the SBHC, or services provided by employees of the sponsoring agency, which are primarily for the benefit of the sponsoring agency;
- Costs associated with non-health related services at the SBHC

In kind donations or services for the exclusive use of the SBHC may be credited towards satisfaction of the matching requirement. The value placed on such contributions must conform to recognized accounting principles. In addition, the contributed goods or services must be necessary and reasonable for the proper and efficient operation of the health and/or the achievement of its goals and objectives.

Continuation Funding

Contracts will be awarded based upon funds available to the program and successful completion of LaPERT. *Each grant recipient must provide a match of 20% of the amount received on an annual basis.*

Capital Assets/Equipment

The purchase of equipment (defined as durable goods, such as furniture, which at the time of purchase had a fair market value of \$1,000 or more) shall require prior approval of the ASHP office. A sample equipment list can be found on the ASHP website under Documents & Resources.

Any equipment purchased by a contractor under a contractual agreement with DHH is considered owned by the contractor while in use under the contract. The contractor has a responsibility to establish an inventory system to keep track of items purchased and is required to send a copy of the inventory list to the ASHP Office with each quarterly report. Upon termination of contracted services, durable equipment or property purchased with proceeds of this contract shall become a part of State inventory and shall be returned to the State by the contractor.

FINANCIAL REPORTS AND REIMBURSEMENTS

All expenditures are reimbursed on a cost reimbursement basis. To request reimbursement once expenditures have been incurred and paid for, the sponsoring

agency must submit the designated reimbursement forms to the ASHP office. The following forms and documentation must be submitted:

Categorization of Expenditures Form
Reimbursement Request Form
Travel Documentation
Invoice/Receipt for Equipment Purchases over \$1,000

The purpose of each form is detailed in the subsection below. All these forms can be found on the ASHP website. The ASHP office will review and approve the invoices. Invoices will then be forwarded to the State Fiscal Office for payment. Generally, payment of approved invoices will be made within 20 working days following ASHP/OPH approval.

Each sponsoring agency must submit complete and accurate reimbursement request forms. The categorization of expenditure form and reimbursement request form **must** be submitted together and are found together on the ASHP website (click on *Reimbursement Form* in either Word or Excel). Incomplete requests will be returned to the agency for correction. Any incorrect invoice, no matter how minor the error, will be returned to the sponsoring agency. Corrected invoices must then be resubmitted to the ASHP office.

Completed reimbursement request forms must be submitted monthly, within fifteen (15) days following the month for which reimbursement is requested.

Categorization of Expenditures Form

This form should be completed first, detailing all reimbursable expenses incurred during the payment period. These figures must be transferred to the Reimbursement Request Form.

The five columns on the form request details, as described below, for each payment requested:

Object Detail Object codes are used to identify different spending categories on the budget and invoices. Use the codes identified in the DHH Contract Budget Detail.

Budget Category The line item category, as stated in the approved contract, should be listed in this section, e.g. salaries, supplies, etc.

Payee Identify the individual or entity to whom payment was made. The name of the individual or corporation, which has been paid for providing goods or services, should be listed. If payment was made pursuant to an invoice provided by the payee, the invoice number should be included.

Date The date payment was made to individual or vendor must be listed in this column.

Amount Total amount paid to individual or vendor must be listed in this column.

Total After all expenditures have been recorded, calculate the following:

- Total amount of expenditures (column four)
- Subtotal of each expenditure category listed in column one.

The figures should be used to complete the Reimbursement Request Form.

Reimbursement Request Form

Completion of the Reimbursement Request Form is based upon the SBHC's Categorization of Expenditures and its annual budget. The form allows the sponsoring agency and OPH program personnel to evaluate the SBHC's monthly spending in the context of the total funding it is to receive under the contract. Please see the *Guidelines for Completing Reimbursement Request Form* (Reimbursement Guidelines) found on the ASHP website.

Guidelines for Travel Reimbursement

Requests for travel reimbursement must be accompanied by appropriate documentation. All travel by SBHC personnel will be subject to the State Travel Guidelines. A complete copy of the State Travel Guidelines as well as a pocket size travel guide can be found on the Office of State Purchasing and Travel website:

<http://www.doa.louisiana.gov/osp/travel/travelOffice.htm>

Allowable Expenses The following are allowable expenses that may be reimbursed subject to the state travel guidelines:

- Transportation
- Meals
- Lodging
- Tips
- Parking fees and tolls

Completing OPH/ASHP Contract Budgets

Go to the ASHP website and download the document titled *Completing OPH/ASHP Contract Budgets* for a detailed explanation of each item on the contract budget.

ANNUAL AUDIT

All SBHC contractors are required to have an annual audit. The audits must be conducted by an independent certified public accountant, and must be submitted within six months of the end of the contractor's business year. **All audits should have the CFMS number and DHH number on the front cover of the audit.**

Contractor shall comply with federal and state laws and/or DHH Policy requiring an audit of the contractor's operation as a whole or of specific program activities. All audit fees and other costs associated with the audit shall be paid entirely by the contractor. Audit reports shall be sent within thirty (30) days after the completion of the audit, but no later than six (6) months after the end of the audit period. If an audit is performed within the contract period, for any period, four (4) copies of the audit report shall be sent to the Department of Health and Hospitals, Attention: **Division of Fiscal Management, P. O. Box 91117, Baton Rouge, LA 70821-3797** and one (1) copy of the audit shall be sent to the **originating DHH office.**

If a required audit is not submitted the contractor will be banned from doing business with the State until the audit is filed. DHH will not re-enter into a contract with a contractor unless corrective action plans in response to findings have been received and approved.